

**CONFIDENTIAL - PRIVILEGED COMMUNICATION**

Ingle, Kenneth Ricky

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October 11, 2021

**SUMMARY PSYCHOLOGICAL REPORT**

**Client Name:** Kenneth Ricky Ingle Jr.  
**DOB:** [REDACTED]  
**Date of Evaluation:** 8/4/21

**Identifying Information and Reason for Referral**

Mr. Ingle is a 35-year-old, Caucasian man. Mr. Ingle pleaded guilty on 4/28/21 to 18 U.S.C. 2251(a) and (e) Using a Minor to Engage in Sexually Explicit Conduct for the Purpose of Producing a Visual Depiction of Such Conduct. The victim in the offense was a fourteen-year-old girl he met on the Internet. Mr. Ingle's attorney, Ms. Jones, requested a psychological evaluation of Mr. Ingle. The following questions are at issue:

- 1. Does Mr. Ingle suffer from emotional or cognitive disorders?**
- 2. Mr. Ingle was severely abused as a child. What are the consequences of the abuse?**
- 3. What treatment recommendations can be made to reduce Mr. Ingle's future risk of recidivism?**
- 4. What are some factors that the Court may consider to be mitigating?**

**ASSESSMENT PROCEDURE**

I reviewed school and medical records for Mr. Ingle, as well as discovery and other materials associated with his legal case. Ms. Jones provided me with information derived from a call to Mr. Ingle's mother. I met with Mr. Ingle at the Buncombe County Detention Center on 8/4/21 for approximately five hours and forty-five minutes. During that time, I conducted a mental status examination, psychological testing, and clinical interview. Psychological tests administered were:

**Verbal Fluency Test  
Trail Making Tests A and B**

**Wisconsin Card Sorting Test****SLUMS Examination****TOMM****Weschler Adult Intelligence Scale IV (WAIS-IV)****ACE Score****Wide Range Achievement Test 5 (WRAT 5) Word Reading Subtest****Minnesota Multiphasic Personality Inventory RF 2 (MMPI RF2)****BRIEF HISTORY**

Mr. Ingle was born in Asheville, North Carolina. He has a brother who is one-and-a half years younger. His family was poor and moved frequently between trailer parks and motels in the Shelby, North Carolina area. He reported, and his family confirmed, that he had heart surgery when he was three, but further details about this are unknown. His mother worked in factories and was gone much of the time in her effort to support the family. His father, who collected disability and was a crack cocaine addict, was in and out of jails, prisons, and mental institutions, and in and out of Mr. Ingle's life. When he was there, he was abusive, hitting Mr. Ingle with a belt, his fists, and wooden boards up to four times a week. Mr. Ingle's mother confirmed the abuse but minimized it, referring to Mr. Ingle being "tapped" with objects that left bruises. In one instance, Mr. Ingle described being so badly beaten that he was unable to sit down at school and child protective services were called. Mr. Ingle's mother described this as a social worker from school came to the house. Both say that after the visit the matter was dropped. Mr. Ingle said his father made fun of him, ridiculed him, and allowed his friends to beat him and ridicule him as well. Another time, when Mr. Ingle said he wished he were dead, he said his father pulled a gun on him. Mr. Ingle felt his father favored his other son, who was treated less harshly. Mr. Ingle's mother seldom intervened and was herself the object of her husband's abuse.

Mr. Ingle said he was "a big kid" and was bullied, laughed at, and left behind by the other children his brother played with in the trailer park. He had similar interactions with children at school. In sum, Mr. Ingle described a lonely childhood marred by frequent, harsh physical abuse. He denied having ever been sexually abused as a child.

Mr. Ingle's adult life has been similarly scarred by drug use, short periods of incarceration, several motor vehicle accidents, and loneliness. He described his living situation for the past ten years or so as being a "couch drifter." He reported he had bad luck with women and that he had been cheated on and abandoned.

Mr. Ingle reported that he has supported himself by doing restaurant work in jobs usually lasting only a few months. He said that he had a hard time keeping a job due to feeling triggered by people yelling and overreacting.

Mr. Ingle has never been married and has no children.

**Educational History:**

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Mr. Ingle received exceptional children's services for a learning disability. His grades were poor, with frequent Ds and Fs, and his end of grade tests were often in the lower quartile as compared to other students in this state. Mr. Ingle spent five-and-a-half years in high school, graduating in the winter of 2006.

School-based psychological evaluations indicated average to low average verbal abilities and borderline nonverbal abilities, with weaknesses in the areas of visual spatial ability, attention, and processing speed.

He said he has a certificate in computer repair that he earned while incarcerated.

**Substance Abuse History:**

Mr. Ingle reported using inhalants starting at age eight or nine, usually after a beating to cope with his pain. He said he huffed gas about every other day, for two years. He said after that he began to get headaches, so he huffed gas less often but continued intermittently up until age 18. He reported daily polysubstance use from age 15 to the time of his incarceration. For the last four or five years leading up to his arrest, he used methamphetamine, about one-and-a-half grams a day. He said at the time of his arrest he had been up for 16 days on methamphetamine. He has never had substance abuse treatment.

**Mental Health History:**

Mr. Ingle was seen by Phoenix Counseling on 12/5/19, referred by the Department of Social Services of Cleveland County for substance abuse treatment assessment. He was not found to meet criteria for substance abuse treatment as he denied the use of most substances other than marijuana. He was diagnosed with depression and anxiety, but did not follow up with treatment.

**MENTAL STATUS EXAMINATION**

I saw Mr. Ingle at the Buncombe County Detention Center. He was dressed in a jumpsuit. He walked with a limp, was overweight, balding, and missing part of one finger. He had fresh cut marks on his wrist. His speech was normal. Although we established a good rapport, it was clear he was easily frustrated, and his attention was variable. He was easily flustered and at times visibly sweating, crying, and distracted by his emotions.

Mr. Ingle did not appear to be hallucinating. He denied suicidal and homicidal intent. He reported frequent suicidal ideation dating back to childhood. He has attempted suicide in the past and said he cuts himself to feel pain to release tension. He reported chronic unhappiness and depression, as well as unstable moods, feelings of anxiety and anger when reminded of how his father abused him. He also reported actively trying to avoid his own feelings and memories of abuse and his chronic feeling that he would be better off dead. He described feeling depressed for up to three weeks at a time, but usually for shorter periods lasting a day or up to a week. He became very tearful when asked if he felt loved or protected in childhood.

**Answers to Referral Questions****1. Does Mr. Ingle suffer from emotional or cognitive disorders?**

Mr. Ingle appears to suffer from chronic depression and Post Traumatic Stress Disorder related to his history of abuse. In addition, the isolation and abuse of his childhood have shaped his character such that he suffers from Other Specified Personality Disorder with Avoidant and Borderline Features. This means that he feels chronically inadequate, avoidant of facing himself and his struggles, and addled and flustered. He is fragile, easily frustrated, very unhappy, and emotionally vulnerable. He has chronic problems with cutting and suicidal ideation.

Mr. Ingle has been sober in custody for a year, but when free in the community he has a longstanding polysubstance dependence. Huffing gas was extremely dangerous for his developing brain. When he was taken into custody, he reported a level of methamphetamine use and accompanying dysfunction that would have qualified for a diagnosis of Amphetamine Use Disorder, Severe.

Finally, Mr. Ingle appears to suffer from cognitive deficits, especially in the areas of attention and processing speed. These deficits very likely impacted his ability to learn in school and caused the unevenness and variability of his academic efforts. Although the etiology of the deficits is unknown, it appears he may well suffer from an Attention Deficit Disorder or Neurodevelopmental Disorder.

**2. Mr. Ingle was severely abused as a child. What are the consequences of the abuse?**

To quantify Mr. Ingle's level of trauma we turn to data. In 1998, researchers from the Center for Disease Control (CDC) and Kaiser Permanente published a study on the effects of childhood trauma. More than 17,000 individuals participated in the sample. The researchers found that trauma during childhood is correlated with increased risk of social, emotional, and cognitive impairment throughout the life span. The pathway between childhood trauma and these negative outcomes is thought to be not only psychological, but also caused by the effects of stress hormones on the developing brain.

The scale created to measure childhood trauma includes ten types of childhood traumatic experiences and is called Adverse Childhood Events, or ACE. The ACE is considered a reliable measure of childhood toxic stress. The higher the ACE score, the higher the likelihood of poor outcomes. The ACE items are as follows:

- **Physical abuse**
- Sexual abuse
- **Emotional abuse**
- Physical neglect
- **Emotional neglect**
- **Mother treated violently**

- **Household substance abuse**
- **Household mental illness**
- **Parental separation or divorce**
- **Incarcerated household member**

Mr. Ingle experienced eight of these ten traumas in childhood (the ones in bold above), giving him an ACE score of eight. In the original study, only 9.2% of the male participants had a score of four or more. As such, it appears that the level of childhood trauma Mr. Ingle experienced was unusually high. This scale does not include poverty and bullying, which are two additional negative experiences that Mr. Ingle had to cope with.

The mental disorders described in the question above appear to be the consequences of adverse childhood experiences, particularly of abuse and emotional neglect. Clearly a direct line can be drawn between Mr. Ingles PTSD and his abusive childhood. A personality disorder can also be understood as the result of childhood experiences. Childhood experiences shape one's innate and acquired traits. Growing up in an abusive environment appears to have saddled Mr. Ingle with a personality organized around maladaptive and dysfunctional traits.

Instead of a secure attachment in childhood, without which a child does not learn how to calm down or soothe themselves, Mr. Ingle described chronic and toxic stress which can affect brain development through stress hormones and through a dearth of developmental stimuli that are missed because the child is engaged in survival. This may be the reason Mr. Ingle has difficulty learning and processing information and may also explain his difficulty with attention. He appears to be chronically lacking in emotional equilibrium. This may also have developed from a neurodevelopmental pattern. Overuse of the "flight or fight" response in childhood can strengthen limbic pathways that then become habitual. This can cause someone to habitually overreact. In Mr. Ingle's case, it appears that he is highly reactive to stress and that he experiences deep feelings of inadequacy and anxiety when faced with stress.

Obviously, huffing gasoline may also have impacted Mr. Ingle's brain development. His huffing reflects how lonely and emotionally bereft Mr. Ingle was at a young age. Even then, he wanted to use a strong substance to make his feelings go away. He has not moved beyond this, and his chronic substance abuse is the outcome.

Mr. Ingle's early childhood attachment relationships may have been further disrupted by separation caused by hospitalization for his heart surgery. Details about the length of separation are unknown. Also unknown is the impact the surgery had on either of his caregivers and how that affected their relationship with Mr. Ingle.

### **3. What treatment recommendations can be made to reduce Mr. Ingle's**

**future risk of recidivism?**

During his incarceration, the following recommendations would help Mr. Ingle reduce his risk of recidivism:

1. Mr. Ingle's mental health should be closely monitored for suicidal ideation. While he does not currently present as suicidal, his mental health problems, coupled with the stress of incarceration, may lead to suicidal ideation or behavior.
2. Mr. Ingle should be referred for a medication evaluation, with mood stability and anxiety as the target symptoms. This should improve his PTSD and Other Specified Personality Disorder symptoms.
3. Mr. Ingle needs psychotherapy to treat and manage his PTSD and increase his coping skills. Specifically, his cutting and suicidal ideation need to be addressed therapeutically.
4. Mr. Ingle should undergo intensive substance abuse treatment, including relapse prevention planning.
5. Mr. Ingle should learn a trade that will allow him to find work when released.

During his supervised release term, the following recommendations would reduce Mr. Ingle's risk of recidivism and help him behave in a law-abiding manner:

- Mr. Ingle should have a transitional living situation when released. He needs case management services to help to situate himself such that his basic needs are met. This will include assistance with housing, job placement, and interactions with government offices for an ID and any services he qualifies for.
- Mr. Ingle should continue to participate in mental health treatment, including a medication evaluation, with mood stability and anxiety as the target symptoms. He should also participate in an ongoing substance abuse treatment group.
- Mr. Ingle should sign a release so that his mental health treatment providers can be given a copy of this report.

**4. What are some factors that the Court may consider to be mitigating?**

Here is a list of factors which the court may consider to be mitigating.

- Mr. Ingle was physically abused as a child.
- Mr. Ingle had heart surgery as a child.

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- Mr. Ingle has an ACE score of eight, indicating a high level of adverse childhood experiences and toxic stress as a child.
- Mr. Ingle continues to suffer the effects of his abusive childhood.
- Mr. Ingle has had a severe substance use disorder while free in the community and appears to have been addicted to methamphetamine during the time period of his crime.
- Mr. Ingle suffers from the following mental disorders: Post Traumatic Stress Disorder, Other Specified Personality Disorder, Persistent Depressive Disorder, and cognitive deficits.

Respectfully submitted,



Ashley King, Ph.D.  
Licensed Psychologist #3173

July 2021

The Honorable Martin Reidinger,

My name is Victoria Williams and I am Kenneth Ricky Ingle's mom. A little bit about myself: I was born and raised in Asheville, I graduated from Asheville High in 1983. I moved to Shelby N.C. soon after and I raised Ricky and his brother here in Shelby. I work at Parker Hannifin and have been with the company for the last 15 years.

Ricky for all his life has had a good heart. He's not been perfect all the time but nobody is. He was always a big help to me when his dad and I split. I worked a lot and he would do his best to make sure dinner was cooked. He turned out to be a very good cook!

Ricky is always helping people. He has fixed a lot of cars for people wherever we lived, and he never asked for money. He would also fix scooters and bikes, etc.

He has had however bouts of depression. I think a lot of that may have had to do with his size. He was always bigger than most and I think when he was in school he got picked on because of it. Even with that he would always help people out. I think that is still in him. I feel he is an asset to society. He has always been trustworthy. He knows how and has taken care of his own place. He worked and paid the rent himself. He likes to work and has gotten talented at managing his finances.

From talking to him on the phone and reading his letters I feel this has been a big pop to the head for him. He now realizes that there are things to stay away from. I'm not sure what happened, but he now knows one good lesson about adhering to the law. I think if maybe he could get some counseling for self-esteem and things like that he would be an awesome member of society. This kind of thing to me is not like him. He is so much better than that. He even feels for animals. I remember one time he and his brother caught a king snake out in our yard and brought it in the house because it was hot that day and he told me he wanted to help the snake off the ground so it wouldn't burn its belly.

That's the Ricky Ingle I know. Like I said he is not perfect but there is more love in him than anything else.

I would like to take a moment Your Honor to say "Thank You" to you.

Thank you for taking an interest and taking time to listen to us and for sincerely your willingness to help my child. It means alot to me.

In closing I'd like to say that Ricky is really a good heart who just messed up. I feel he has learned his lesson for sure.

Thank you for working with him and all involved with him. You are in my thoughts and prayers.

Sincerely,

Victoria Williams

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Sincerely,  
Victoria  
Williams

Regarding Kenneth Ricky Ingle Jr.

My name is Shirley Lamb, retired, widow. I am Kenneth's grandmother on his mother's side.

Kenneth has a good relationship with his mother, he knows he has hurt her. She did all she could as a single mother. From what he has told me, he and his father were not close. He wasn't around much.

He grew up in Shelby, I'm in Asheville, I didn't get to spend a lot of time with him, His other grandmother did, she is fine person. I am 78 now and travel very little.

I know he is a good cook, He had several jobs doing that, and a handy man.

When he was a child, he had a hole in his heart and had to be patched. I know there was some oxygen loss. That hurt him in school. He told me about work, that he had depression and anxiety attacks, so he had a hard time.

I know he was depressed, his weight went up to 400. Food was comfort and then came the lock down.

People with issues haven't faired well. He never dreamed he was getting into this situation or the seriousness of it. He knows he needs to see about his mother, but it will be a while.

I pray that he gets therapy, when he goes to wherever. I told him to get as much education as possible.

He has turned back to his Bible, he was raised that way. His heart is kind, Just got in over his head. I know he is scared.

I want to thank everyone for their kindness to him. Even locked up, He can't wait for fresh air and to put his feet in the grass, barefoot.

He has been trying so hard to fight his depression, it's hard in such a small space.

I feel he will think long and hard before he makes a foolish decision again. He has been honest.

His state of mind, he is a young man, the weight gain, the lock down, were likely all factors.

Sincerely,

Shirley Lamb

The Honorable  
MARTIN Reiderger  
REGARDING Kenneth Ricky Ingle Jr.

7-3-21

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I AM Kenneth's grandmother on  
His mother's side.

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His state of mind, he is a young man, the weight gain, the lost down, were likely all factors.

Sincerely  
Shirley Land

April 2021

To whom it may concern:

I've known Kenneth Ingle (Ricky) for a few years now. And have a the chance of knowing him on a much closer level about past 2-3 years. He's my boyfriends best friend, but I also consider him my best friend. The best word to describe Ricky, for me would be rare. He has such a big and good heart and is so honestly sweet and caring. He has a honest care for people, especially the ones closest to him, but anyone in general. The world rarely has these good hearted people anymore. We definetly could use more. He's also very loyal and I can depend on him for anything. He's proven it an unbelievable amount of times. I know he's working on his mental health, which alone takes strength and courage to ask for help with. He's making progress in my opinion, but just looking for the right help, which I'm confident he'll find. He's determined. And ironically, he's the only one I have to talk to and can actually open up too at all, let alone care and understand. Ricky is one of about 2 people I actually trust and feel safe around. With my own health and mental issues, that's such a relief. It also shows me not everyone is evil and there are still honest and respectful people in this world left. And it's just amazing how he always leaves you with a smile. People with hearts and personalities like that are rare. And the thing I look up to and respect and love him for. Always will!

Thank you

-Kelly Davis

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